



JIMU USAH:

(Area 1)



Addressee Copy
Label 11-F June 2002

Affix

UNITED STATES POSTAL SERVICE®
DELIVERY (POSTAL USE ONLY) Post Office To Addressee

PO ZIP Code		Day of Delivery		Flat Rate Envelope	
Date In	Mo. Day Year	<input type="checkbox"/> Next <input type="checkbox"/> Second			
Time In	Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$		
Weight	AM <input type="checkbox"/> PM <input type="checkbox"/>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee \$		
		Int'l Alpha Country Code	COD Fee Insurance Fee		
No Delivery		Acceptance Clerk Initials	Total Postage & Fees \$		
<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekday <input type="checkbox"/> Holiday		CUSTOMER USE ONLY			
METHOD OF PAYMENT:		Express Mail Corporate Acct. No.			

Delivery Attempt		Time		Employee Signature	
Mo. Day	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>			
Mo. Day	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>			
Mo. Day	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>			
Mo. Day	Time	AM <input type="checkbox"/> PM <input type="checkbox"/>			

WAVES OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if signature is requested. I will deliver to be made without obtaining signature of addressee's agent (if delivery employee's signature is requested, the article can be left in secure location) and I authorize that delivery employee's signature constitute valid proof of delivery.	
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	
Customer Signature	
Federal Agency Acct. No. or Postal Service Acct. No.	
TO: (PLEASE PRINT)	
PHONE	

FROM: (PLEASE PRINT)		PHONE	
USPTO MAIL CENTER		JUN 05 2004	
EXPRESS MAIL LABEL DATE IN		EXPRESS MAIL LABEL DATE IN	

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